

Brief ASAM Phone Screening Tool

(For use by ACL/Program Calls)

Client Name: _____

Date: _____

City/geographic region: _____

Phone: _____

Okay to leave V/M Yes No

Referral source: Self Access/Crisis Line (ACL) Drug Dependency Court
 CalWorks Case Management Other: _____ Decline to state

Gender Identity: Male Female Transgender (M to F) Transgender (F to M)
 Questioning/Unsure Other _____ Decline to state

If female, are you currently pregnant? Yes No

Sexual Orientation: Heterosexual/Straight Lesbian Gay Bisexual
 Questioning/Unsure Other: _____ Decline to state

Dimension 1: Withdrawal/Detox Potential

1. Are you experiencing any current severe withdrawal symptoms? Yes No
(Ex.: Nausea & vomiting, excessive sweating, fever, tremors, seizures, rapid heart rate, blackouts, hallucinations, "DTs")

If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Are you under the influence of any substances right now? Yes No
a. If NO, have you used any substances in the last 1-3 days? Yes No

If YES to 2, consider Withdrawal Management. Continue screening.

3. Does drinking alcohol/using drugs impact your daily life or functioning? Yes No
If yes, describe: _____

Severity Rating – Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)

Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Fully functioning, no signs of intoxication or W/D present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others. Minimal risk of severe W/D.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe W/D.	Severe signs/symptoms of intoxication indicate an imminent danger to self/others. Risk of severe but manageable W/D; or W/D is worsening.	Incapacitated, with severe signs/symptoms. Severe W/D presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death).

Dimension 2: Biomedical Conditions and Complications (not related to withdrawal)

1. Are you having a medical emergency? Yes No

If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Do you have any physical health conditions or disabilities? Yes No

If yes, describe: _____

3. If yes to #2, do any of these health conditions have an impact on your daily life or functioning? Yes No

If yes, describe: _____

4. Do you require any special accommodations (e.g., wheelchair, other)? Yes No

If yes, specify: _____

Severity Rating – Dimension 2 (Biomedical Conditions and Complications)				
<i>Please Check one of the following levels of severity</i>				
<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present. Serious biomedical problems are neglected.	Poor ability to tolerate and cope with physical problems, and/or general health condition is poor. Serious medical problems neglected during outpatient or IOT services. Severe medical problems (such as severe pain requiring medication, or hard to control Type 1 Diabetes) are present but stable.	The person is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

1. Are you currently having thoughts of hurting yourself or others? Yes No

If yes, do you have a plan and the means to harm yourself or others? _____

2. Are you currently having any severe mental or emotional issues or distress? Yes No

If yes, specify: _____

If YES to 1 or 2 and clinically indicated, refer to nearest psychiatric emergency facility. **Stop Screen.**

3. Do you have a psychiatric diagnosis/condition? Yes No

If yes, specify: _____

4. If yes to #3, does this psychiatric diagnosis/condition have an impact on your daily life or functioning? Yes No

If yes, describe: _____

Severity Rating – Dimension 3 (Emotional, Behavioral or Cognitive (EBC) Conditions or Complications)
Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Good impulse control, coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self/others, but not dangerous in a 24-hr. setting	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self/others.

Dimension 4: Readiness to Change

1. Have you been mandated or directed to receive SUD (substance use disorder) treatment? Yes No

If yes, describe mandate/direction: _____

2. How ready are you to change your alcohol or drug use now?

- Not ready
 Getting Ready
 Ready
 In process of making changes
 Sustained change made (Maintenance)

Severity Rating – Dimension 4 (Readiness to Change)
Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Engaged in treatment as a proactive, responsible participant. Committed to change.	Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce or stop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.	Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)	Minimal awareness of need to change. Only partially able to follow through with treatment recommendations.	Unable to follow through, little or no awareness of problems, knows very little about addiction, sees no connection between substance use/consequences. Not willing to explore change. Unwilling/unable to follow through with treatment recommendations.

Dimension 5: Relapse/Continued Use Potential

1. Have you drank or used on most days (15 or more) in the last 30 days? Yes No
2. Are you likely to continue to drink or use without treatment? Yes No
3. On a scale from 0 to 10, with 0 being “none” and 10 being “very likely”, how would you describe your desire/urge to use substances?

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very likely
	0	1	2	3	4	5	6	7	8	9	10	

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)
Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Low or no potential for further substance use problems or has low relapse potential. Good coping skills in place.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues. Able to self-manage with prompting.	Little recognition and understanding of relapse issues, poor skills to cope with relapse.	Repeated treatment episodes have had little positive effect on functioning. No coping skills for relapse/addiction problems. Substance use/behavior places self/others in imminent danger.

Dimension 6: Recovery Environment

1. Is your current living situation unsafe or harmful to your recovery? Yes No
2. Do you have relationships that are supportive of you and your recovery? Yes No
3. Do you struggle to care for yourself? Yes No

Severity Rating – Dimension 6 (Recovery/Living Environment)
Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Supportive environment and/or able to cope in environment.	Passive/disinterested social support, but not too distracted by this situation and still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment and the client has difficulty coping, even with clinical structure.	Environment toxic/hostile to recovery (i.e. many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems). Unable to cope with the negative effects of this environment on recovery (i.e. environment may pose a threat to recovery).

Level of Care Inquiry:

Do you have an idea about the type of treatment you're interested in?

Yes No

Outpatient Intensive Outpatient Residential MAT Other: _____

Level of Care Disposition:

Recommended Level of Care:

Outpatient Intensive Outpatient Residential Urgent/Crisis

Actual Level of Care Offered:

Outpatient Intensive Outpatient Residential Urgent/Crisis

Reason for Discrepancy (if any): _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Service not available | <input type="checkbox"/> Provider judgment | <input type="checkbox"/> Client preference |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Financial | <input type="checkbox"/> Preferred to wait |
| <input type="checkbox"/> Language/Cultural Factors | <input type="checkbox"/> Environment | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Client on waiting list for indicated level | | | |

Program referral(s): _____

Printed Name: _____

Signature: _____ **Date:** _____